



PTO/SB/21 (09-06)  
Approved for use through 03/31/2007. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

## TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

100

|                        |                   |
|------------------------|-------------------|
| Application Number     | 09/324,098        |
| Filing Date            | 06/01/1999        |
| First Named Inventor   | James P. Reilly   |
| Art Unit               | 2881              |
| Examiner Name          | Nguyen, Kiet Tuan |
| Attorney Docket Number | 140-035           |

| ENCLOSURES (Check all that apply)   |   |   |
|---|---|---|
| <input checked="" type="checkbox"/> Fee Transmittal Form                  | <input checked="" type="checkbox"/> Drawing(s)                            | <input type="checkbox"/> After Allowance Communication to TC  |
| <input checked="" type="checkbox"/> Fee Attached                          | <input type="checkbox"/> Licensing-related Papers                         | <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences   |
| <input checked="" type="checkbox"/> Amendment/Reply                       | <input checked="" type="checkbox"/> Petition                              | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)   |
| <input type="checkbox"/> After Final                                      | <input type="checkbox"/> Petition to Convert to a Provisional Application | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                        | <input type="checkbox"/> Power of Attorney, Revocation                    | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                        | <input type="checkbox"/> Change of Correspondence Address                 | <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below):   |
| <input type="checkbox"/> Express Abandonment Request                      | <input type="checkbox"/> Terminal Disclaimer                              | Reissue Oath/Declaration; Reissue 3.73b Statement; Consent of Assignee statement; Petition to Revive; Return Postcard; and check. |
| <input type="checkbox"/> Information Disclosure Statement                 | <input type="checkbox"/> Request for Refund                               |   |
| <input type="checkbox"/> Certified Copy of Priority Document(s)           | <input type="checkbox"/> CD, Number of CD(s) _____                        |   |
| <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application   | <input type="checkbox"/> Landscape Table on CD                            |   |
| <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 |   |   |
| Remarks   |   |   |

### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

|              |               |          |        |
|--------------|---------------|----------|--------|
| Firm Name    | Ward & Olivo  |          |        |
| Signature    |               |          |        |
| Printed name | David M. Hill |          |        |
| Date         | Jan. 27, 2010 | Reg. No. | 46,170 |

### CERTIFICATE OF TRANSMISSION/MAILING

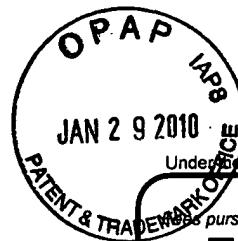
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|                       |                  |
|-----------------------|------------------|
| Signature             |                  |
| Typed or printed name | Raylene McDowell |
| Date                  | Jan. 27, 2010    |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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DAC



PTO/SB/17 (02-07)

Approved for use through 02/28/2007. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.

Pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

# FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

|                         |      |       |
|-------------------------|------|-------|
| TOTAL AMOUNT OF PAYMENT | (\$) | 1,620 |
|-------------------------|------|-------|

**Complete if Known**

|                      |                   |
|----------------------|-------------------|
| Application Number   | 09/324,098        |
| Filing Date          | 06/01/1999        |
| First Named Inventor | James P. Reilly   |
| Examiner Name        | Nguyen, Kiet Tuan |
| Art Unit             | 2881              |
| Attorney Docket No.  | 140-035           |

**METHOD OF PAYMENT** (check all that apply)

Check  Credit Card  Money Order  None  Other (please identify): \_\_\_\_\_

Deposit Account Deposit Account Number: 23-0420 Deposit Account Name: Ward & Olivo

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee

Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17  Credit any overpayments

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**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES |              | SEARCH FEES |              | EXAMINATION FEES |              |
|------------------|-------------|--------------|-------------|--------------|------------------|--------------|
|                  | Fee (\$)    | Small Entity | Fee (\$)    | Small Entity | Fee (\$)         | Small Entity |
| Utility          | 300         | 150          | 500         | 250          | 200              | 100          |
| Design           | 200         | 100          | 100         | 50           | 130              | 65           |
| Plant            | 200         | 100          | 300         | 150          | 160              | 80           |
| Reissue          | 300         | 150          | 500         | 250          | 600              | 300          |
| Provisional      | 200         | 100          | 0           | 0            | 0                | 0            |

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

|          |              |
|----------|--------------|
| Fee (\$) | Small Entity |
|----------|--------------|

|    |    |
|----|----|
| 50 | 25 |
|----|----|

Each independent claim over 3 (including Reissues)

|     |     |
|-----|-----|
| 200 | 100 |
|-----|-----|

Multiple dependent claims

|     |     |
|-----|-----|
| 360 | 180 |
|-----|-----|

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims |
|--------------|--------------|----------|---------------|---------------------------|
| - 20 or HP = | x            | =        |               | Fee (\$)                  |

HP = highest number of total claims paid for, if greater than 20.

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |          |
|---------------|--------------|----------|---------------|----------|
| - 3 or HP =   | x            | =        |               | Fee (\$) |

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|--------------|--|----------|---------------|
| - 100 =      | / 50 =       | (round up to a whole number) x                   | =        |               |

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

|                |
|----------------|
| Fees Paid (\$) |
|----------------|

Other (e.g., late filing surcharge): Petition to revive unintentionally abandoned application

|         |
|---------|
| 1620.00 |
|---------|

**SUBMITTED BY**

|                   |               |   |                        |
|-------------------|---------------|---|------------------------|
| Signature         |               | Registration No.<br>(Attorney/Agent) 46,170 | Telephone 212.697.6262 |
| Name (Print/Type) | David M. Hill |   | Date Jan. 27, 2010     |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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JAN 29 2010

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*Fee Transmittal*  
Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

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**TOTAL AMOUNT OF PAYMENT** (\$)  
1,620

### Complete if Known

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

| <u>Application Type</u> | <u>FILING FEES</u> |                     | <u>SEARCH FEES</u> |                     | <u>EXAMINATION FEES</u> |                     | <u>Fees Paid (\$)</u> |
|-------------------------|--------------------|---------------------|--------------------|---------------------|-------------------------|---------------------|-----------------------|
|                         | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>    | <u>Small Entity</u> | <u>Fee (\$)</u>         | <u>Small Entity</u> |                       |
| Utility                 | 300                | 150                 | 500                | 250                 | 200                     | 100                 | _____                 |
| Design                  | 200                | 100                 | 100                | 50                  | 130                     | 65                  | _____                 |
| Plant                   | 200                | 100                 | 300                | 150                 | 160                     | 80                  | _____                 |
| Reissue                 | 300                | 150                 | 500                | 250                 | 600                     | 300                 | _____                 |
| Provisional             | 200                | 100                 | 0                  | 0                   | 0                       | 0                   | _____                 |

#### 2. EXCESS CLAIM FEES

##### Fee Description

Each claim over 20 (including Reissues)

| <u>Total Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Small Entity</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|-----------------|----------------------|---------------------|-----------------|
| - 20 or HP =        | x                   | =               |                      | 50                  | 25              |

HP = highest number of total claims paid for, if greater than 20.

| <u>Indep. Claims</u> | <u>Extra Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> | <u>Multiple Dependent Claims</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|----------------------|---------------------|-----------------|----------------------|----------------------------------|-----------------|----------------------|
| - 3 or HP =          | x                   | =               |                      | 200                              | 100             |                      |

HP = highest number of independent claims paid for, if greater than 3.

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| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> | <u>Fee Paid (\$)</u> |
|---------------------|---------------------|---|-----------------|----------------------|
| - 100 =             | / 50 =              | (round up to a whole number) x                          | =               |                      |

#### 4. OTHER FEE(S)

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